


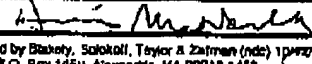
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/611,380
		Filing Date	June 30, 2003
		First Named Inventor	Roni Rosner
		Art Unit	2183
		Examiner Name	Brian P. Johnson
Total Number of Pages in This Submission	22	Attorney Docket Number	42P17037

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;">References</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 31, 2006

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.	
Typed or printed name	Annie McNally
Signature	
Date	10/31/2006

Based on PTO/SB/21 (00-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 1/19/2005.
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OCT 31 2006

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/611,380
TOTAL AMOUNT OF PAYMENT (\$) 250.00		Filing Date	June 30, 2003
		First Named Inventor	Roni Rosner
		Examiner Name	Brian P. Johnson
		Art Unit	2183
		Attorney Docket No.	42P17037

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION																																																																																
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<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> <tr> <td>28</td> <td>21*</td> <td>5</td> <td>\$250.00</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependents</td> <td></td> <td></td> <td></td> </tr> </table>	Total Claims	Extra Claims	Fee from Below	Fee Paid	28	21*	5	\$250.00	Independent Claims	5	0	\$0.00	Multiple Dependents				<table border="1"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 5</td> <td></td> </tr> <tr> <td>1203 350</td> <td>2203 150</td> <td>Multiple Dependent claims, if not paid</td> <td></td> </tr> <tr> <td>1204 750</td> <td>2204 305</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(6) 250.00</td> </tr> </table>	Large Entity	Small Entity	Fee Description	Fee Paid	1202 50	2202 25	Claims in excess of 20		1201 200	2201 100	Independent claims in excess of 5		1203 350	2203 150	Multiple Dependent claims, if not paid		1204 750	2204 305	**Reissue independent claims over original patent		1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (1)			(6) 250.00																																			
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SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Telephone	(310) 207-3800
		Date	10/31/06

Based on PTO/BB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).
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